Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing / Residential PO Box 64217 St. Paul, MN 55164-0217



DLI.License@state.mn.us

## **Designated Qualifying Person Form**

Web Site: Phone:	www.dli.mn.gov/ccld.asp (651) 284-5034	☐ Change of Qualifying Person						
				Resident	ial Builder	□ R	esidential Rem	odeler
				Resident	ial Roofer		anufactured H	ome Installer
meet the D legally required your applicate data not limited purpose of becomes p	nation you as an individual provide department's registration requirementied to supply the requested data eation or result in the denial of the sa while the application is pending. To the Attorney General's Office, the verification and investigation. Obtained to the Attorney General's Office, the verification and investigation. Obtained the provided that and may be released to the NG PERSON INFORMATION	nts. The information on this form; however the Except for you Disclosure of this infine Department of Rence you are register	is being er, failure ar name a cormation venue, the idea, the idea is a correct to the idea, the idea is a correct to the corr	requested to provide and designation others make Departm	for purposes of particle the requested in the requested in the requested in the request and the requested in	rocessing nformation informat norized or ervices, u	g your application may delay the ion you provide required by law pon court order.	on. You are not e processing of on this form is w, including but , and/or for the
REGISTRATION NUMBER (QB,QC, QR, QI) EXPIRATION DAT			E (MM/DD/YYYY) DA		DAYTIME PHONE NO		E-MAIL ADDRESS	
FULL LEGAL LAST NAME (including suffix)			FULL LEGAL FIRST NAME				MI	
CONTRAC	TOR LICENSE INFORMATION							
LEGAL BU	JSINESS NAME							
	SSUMED NAME (DBA) (if applicated by the state of the stat	-	CITY				STATE	ZIP CODE
CONTRACTOR LICENSE NUMBER			BUSINESS TELEPHONE NUMBER					
	Are you the qualifying person fo	r more than one bus	siness e	ntity?	Yes [	] No		
If you have checked "Yes" above, you must disclose LEGAL BUSINESS NAME				he company	/ for which you a		alifying person. LICENSE NUM	IBER
	To be a qualifying person for re is a common ownership of both a corporation is subsidiary to another	corporations amounti	ng to at I	east 25% b	y any one owner	, officer, p	partner or memb	
have fulfill and shall	verify that I am the designated q ed the examination requirements; notify the department 15 days in by the contractor.	and shall fulfill the	continu	ing educati	on requirements	on beha	If of the licens	ed contractor;
as required	erify that, if I am not identified as and in M.S. § 326B.805, Subd. 4 who gor residential remodeling on beha	is regularly employ						
I understai	nd and accept that the Departmer and willfully made a false stateme nder these sections, as well as all o	nt of Labor and Indu nt in this application	or other	wise violate				
SIGNATURE OF QUALIFYING PERSON (mandatory)							DATE	